

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

JUN 23 '89

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Mallon Oil Company		Well API No. 30-01525786
Address 1099 18th Street, Suite 2750, Denver, CO 80202		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
<input checked="" type="checkbox"/> Other (Please explain) Gas Connected		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Amoco-Red Bluff-Federal	Well No. 1	Pool Name, Including Formation Brushy Draw Delaware	Kind of Lease State, Federal or Fee	Lease No. NM-38636
Location Unit Letter L : 2281 Feet From The South Line and 990 Feet From The West Line Section 27 Township 26S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Pride Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2436, Abilene, TX 79604					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Conoco, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 2197, Houston, TX 77252					
If well produces oil or liquids, give location of tanks.	Unit L	Sec. 27	Twp. 26S	Rge. 29E	Is gas actually connected? yes	When? 4/13/89

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			Part ID-3
			6-30-89
			Add GT: CON

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature Roxane L. Apple
Printed Name Roxane L. Apple Title Production Technician
Date 6/21/89 Telephone No. (303) 293-2333

OIL CONSERVATION DIVISION

Date Approved 6-23-89
By Johnny Robinson
Title OIL AND GAS INSPECTOR

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

OIL CONSERVATION DIVISION

RECEIVED

Hobbs
P.O. Box 1980
Hobbs, NM 88240

Artesia
P.O. Drawer DD
Artesia, NM 88210

JUN 16 '89
Aztec
1000 Rio Brazos
Aztec, NM 87410 C.D.
ARTESIA OFFICE

NOTICE OF GAS WELL - CONNECTION / RECONNECTION / DISCONNECTION

This is to notify the Oil Conservation Division of the following:

Connection X First Delivery 4-13-89
Date Initial Potential
Reconnection _____ First Delivery _____
Date Initial Potential
Disconnection _____

for delivery of gas from the MALCOLM OIL COMPANY
OperatorAMOCO - RED BLUFF FEDERAL #3
Lease

016-05-254 _____
Meter Code Site Code
1 L 27-26S-29E
Well No. Unit Letter S-T-R
Brushy Draw Delaware
Pool

was made on _____
date_____
AOF_____
ChokeCONOCO INC.
Transporter

OCD use only

County SedgwickLand Type Red.Liq. Transporter PPCMARK SAVANT - FIELD FOREMAN
Representative Name/Title
(Please type or print)Mark Savant
Representative Signature

Submit in duplicate to the appropriate district office.